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| **C:\Documents and Settings\jhigh\My Documents\My Pictures\church-sketch-blue.jpgOffice Information Only****Date Received: \_\_\_\_\_\_\_****Date Registered: \_\_\_\_\_\_****Welcome Ltr sent: \_\_\_\_\_\_ Envelope Number:**  |

 **sAINT MARY OUR LADY OF GRACE CATHOLIC CHURCH**

 **515 Fourth Street South, Saint Petersburg, Florida 33701 (727) 896-2191 FAX (727) 895-6279**

 **PARISH REGISTRATION FORM**

 **\*\*\*\*PLEASE PRINT ALL INFORMATION\*\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | **Head of House** | **Spouse** |  **Children under 21 (children or others over 21 should complete separate registration** |
|  **LAST NAME** |  |  |  |  |  |  |  |
|  **FIRST NAME** |  |  |  |  |  |  |  |
|  **MIDDLE NAME** |  |  |  |  |  |  |  |
|  **TITLE(Mr, Mrs, Ms, Dr, etc.)** |  |  |  |  |  |  |  |
|  **MAIDEN NAME** |  |  |  |  |  |  |  |
|  **NICK NAME** |  |  |  |  |  |  |  |
|  **DATE OF BIRTH** |  |  |  |  |  |  |  |
|  **GENDER** |  |  |  |  |  |  |  |
|  **MARITAL STATUS** |  |  |  |  |  |  |  |
|  **RELIGION** |  |  |  |  |  |  |  |
|  **DISABILITY** |  |  |  |  |  |  |  |
|  **LANGUAGE(S) SPOKEN** |  |  |  |  |  |  |  |
|  **OCCUPATION** |  |  |  |  |  |  |  |
|  **EMPLOYER** |  |  |  |  |  |  |  |

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| **SACRAMENTAL INFO**  |
| **Baptized (Yes/No) and Faith** |  |  |  |  |  |  |  |
| **Reconciliation/Conf (Yes/No)** |  |  |  |  |  |  |  |
| **1st Communion (Yes/No)** |  |  |  |  |  |  |  |
| **Confirmation (Yes/No)** |  |  |  |  |  |  |  |
| **MARRIAGE DATE (MM/DD/YY)** |  |  |  |  |  |  |  |

**Please indicate the form of stewardship you wish to share.**

**Please send me envelopes Yes \_\_\_\_\_ No\_\_\_\_\_ Electronic Giving \_\_\_\_\_ Other\_\_\_\_\_**

 **If a seasonal resident, please complete information below.**

**Mailing Address Dates at this address: From: To:**

**City/State/Zip Code Address**

**Home Phone City, State, Zip**

**Cell Phone \_ Phone Number**

**Email address**

 **(You will consent to receive emails/text messages from Saint Mary Our Lady of Grace by indicating your email address) 11/2018**

**Living Your Stewardship**

**In order to build up the Body of Christ and the Community to which we belong, we encourage members to participate in the life of Saint Mary’s. Please indicate the name of the family member(s) on the lines provided who are interested in becoming involved in the following activities.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Liturgy and Worship**\_\_\_\_\_ Altar Server  (Adult/Youth)\_\_\_\_\_ Voices of Grace  (Adult Choir) \_\_\_\_\_ Extraordinary Minister  of Holy Communion\_\_\_\_\_ Hospitality  (Usher/Greeter)\_\_\_\_\_ Reader\_\_\_\_\_ Ministry to the Deaf This ministry assists our Hearing impaired parishioners to  participate more fully at the Liturgy through the  use of signing.\_\_\_\_\_ Wedding Committee | **Evangelization and Faith Formation**If you are interested in assisting the Director of Religious Education or participating, please check as many as apply.\_\_\_\_\_ Adult Faith Enrichment\_\_\_\_\_ Bible Study\_\_\_\_\_ Catechists/Teacher  Aide \_\_\_\_\_ RCIA (Rite of Christian  Initiation For Adults) \_\_\_\_\_ Children’s Faith  Formation\_\_\_\_\_ Young Adult Ministry  For ages 23 through  35\_\_\_\_\_Catholic College Club For ages 18 through 22 | **Community Life** \_\_\_\_\_ Ancient Order of  Hibernians \_\_\_\_ Bereavement Ministry This ministry is for those  who are experiencing or have  experienced grief and would  like to participate or assist  with this ministry. \_\_\_\_\_Legion of Mary The members have devotion to  our Blessed Mother as well as  spread the good news of the  Gospel. Active or auxiliary  Members are welcome.  \_\_\_\_\_ Prayer Shawl Ministry The prayer shawl ministry  provides shawls, lap robes  and tie-blankets to those  in need of comfort. \_\_\_\_\_ Respect Life Ministry\_\_\_\_\_Saint Mary’s Merry Makers This merry group provides  activities and events promoting fellowship and building a sense  of community in our parish. | **Pastoral Care and Outreach****Ministries** \_\_\_\_\_ Saint Mary’s  Outreach - Daystar  Provides emergency assistance  to residents; if interested in  volunteering, please call  823-4852.\_\_\_\_\_ Faith Community Nursing If you are interested in  Promoting health, you are  Welcome. No medical  Experience is required.\_\_\_\_\_ Ministry to the  Hospitalized,  Homebound and  Nursing Homes\_\_\_\_\_Refugee Outreach Assist the team that helps  legally re-settled refugees  achieve self-sufficiency. |